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62808

State of Nebraska  
Investigator's Motor Vehicle Accident Report

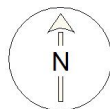
Sheet 1 of 5

3	Total Number of Vehicles	Local No./ District 119	Agency Case No. B5-092809	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/05/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1715	POLICE NOTIFIED 1717	10/06/2015	
B	65	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. Arbor Road/70-56	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M	14	NAME OF INTERSECTING ROADWAY					100.00
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					E road edge of N 56th
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	1	VEHICLE NO. 1					
V1/N	5	DRIVER LICENSE NO.	V00185713	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V2/N	5	DRIVER JEREMY J EBELER	PHONE 402-429-7182	LOCAL NO.			
G	2	DRIVER ADDRESS 365 S EAST ST, HALLAM, NE 68368	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	04/09/1975	V1/1 18	
H	4	OWNER BRANDT EXCAVATING COMPANY	PHONE 402-474-4113	LOCAL NO.	V1/2		
V1/O	1	OWNER ADDRESS 1900 Center Park, Lincoln, NE 68512	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB485783	V1/3	
V2/O	4	LICENSE PLATE TE NO. TSC607	YEAR 2015	STATE (Of Plate)	NE	V1/4	
I	1	VEHICLE 2012	MAKE Peterbilt	MODEL Conventional 3	BODY STYLE Single Unit Tru	COLOR white	
V1/P	1	VEHICLE ID NO. (VIN) 1XPTP4EX8CD162671	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 150	INSURANCE COMPANY Bitco			
V2/P	1	TOWED TO	TOWED BY	POLICY NO. CAP3613457	V1/5 18		
J	01	VEHICLE NO. 2				V1/6 50	
V1/Q	4	DRIVER LICENSE NO. H12570945	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	V2/1 18	
V2/Q	1	DRIVER TRENT L EICKHOFF	PHONE 402-314-9106	LOCAL NO.	V2/2 18		
K	01	DRIVER ADDRESS 6112 NW 7TH ST, LINCOLN, NE 68521	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	09/28/1971	V2/3	
L	4	OWNER TRENT L EICKHOFF	PHONE 402-314-9106	LOCAL NO.	V2/4		
M	01	OWNER ADDRESS 6112 NW 7th ST, LINCOLN, NE 68521	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	V2/5 18	
N	4	LICENSE PLATE PA NO. SKI926	YEAR 2016	STATE (Of Plate)	NE	V2/6 50	
O	1	VEHICLE 1999	MAKE Buick	MODEL LeSabre	BODY STYLE 4 door Sedan	COLOR green	
P	01	VEHICLE ID NO. (VIN) 1G4HR52K8XH435702	ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$	INSURANCE COMPANY Progressive			
Q	01	TOWED TO 101 W Charleston	TOWED BY Capital Towing	POLICY NO. 31781828			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F	



INDICATE BY DIAGRAM WHAT HAPPENED

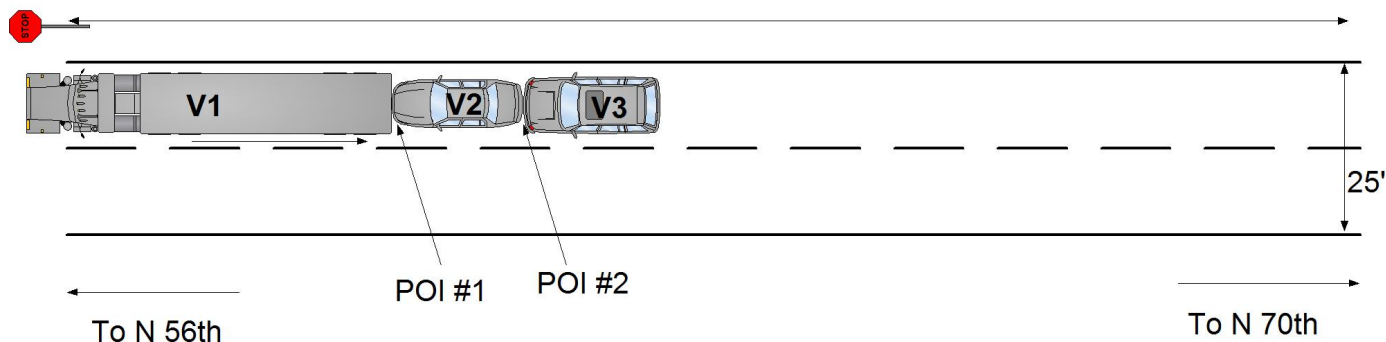
Indicate North by Arrow



*Not To Scale*

7.5' S of N edge of Arbor

Arbor Rd



All 3 vehicles were stopped at a stop sign just east of N 56/Arbor facing WB. D1 stated he pulled forward a bit to see around trees to the south of the intersection. D1 then attempted to back his vehicle up slightly because there was another truck attempting to turn EB onto Arbor from N 56 and D1 wanted to give him a bit more room to make the turn. Veh1 collided with Veh2 and the force of the collision forced Veh2 backwards into Veh3. D1 estimated his speed at the time of the collision to be approximately 2mph. D2 thought Veh1 was traveling closer to 10mph. D2 and D3 had similar stories to that told by D1 and stated Veh1 had pulled forward a bit before reversing to make room for a truck turning EB onto Arbor from N 56. Report by N. Wagner #1760.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																								
1				X	Arbor																								
2				X	Arbor																								
1	02				06 Turning left 07 Making U-turn																								
2	11				08 Entering traffic lane																								
01 Essentially straight ahead						09 Leaving traffic lane																							
02 Backing						10 Parked																							
03 Changing lanes						11 Slowing or stopped in traffic																							
04 Overtaking/ Passing						12 Other																							
05 Turning right						13 Unknown																							
OFFICER NO. 1640						TROOP/ TEAM/ BEAT 4						DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
INVESTIGATOR NAME (Print or Type) Wendy Fisher												INVESTIGATOR SIGNATURE Approved by Officer Wendy Fisher												DATE OF REPORT 10/06/2015					



Local No./  
District 119

Agency	
Case	B5-092809
No	

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)		PLACE OF ACCIDENT	COUNTY	Lancaster	Sequence of Events
10/05/2015			CITY	Lincoln	
ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO.		Arbor Road/70-56	

Sequence of Events

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		G01241351					STATE (Of License)		NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	3	
M 01	DRIVER SCOTT P ONELE					PHONE 402-416-0790			LOCAL NO.			1.	
N 5	DRIVER ADDRESS 3553 POTOMAC LN, LINCOLN, NE 68516					CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		02/11/1960		18	
O 1	OWNER LEXUS OF LINCOLN					PHONE 402-477-3233			LOCAL NO.			2.	
P 1	OWNER ADDRESS 6500 TELLURIDE DR, LINCOLN, NE 68521					CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.		3.	
Q 4	LICENSE PLATE PA NO.		RRD662			YEAR (Plate Expires)		2016		STATE (Of Plate) NE		4.	
	VEHICLE		YEAR 2015		MAKE Lexus		MODEL NX200T		BODY STYLE Medium/large		COLOR red		5.
	VEHICLE ID NO. (VIN)		JTJBARBZ7F2021461					ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 750				18	
	TOWED TO					TOWED BY					INSURANCE COMPANY Tokio Marine America		6.
											POLICY NO. CA6401603-05		50

[illegible]

1.	18
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2.

3.	
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4.

5.

6.

VEH. #
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VEH. #		VEHICLE NO. 4										VEH. #					
4		DRIVER LICENSE NO.					STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		4					
M		DRIVER					PHONE			LOCAL NO.		1.					
N		DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		2.					
O		OWNER					PHONE			LOCAL NO.		3.					
P		OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		4.					
Q		LICENSE PLATE NO.		YEAR			MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		5.
		VEHICLE ID NO. (VIN)							INSURANCE COMPANY					6.			
		TOWED TO					TOWED BY					POLICY NO.					

1.

1.

2.

3.

4.

5.

6.

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED		RESTRAINT USE		TOTAL OCCUPANTS		VEH	VEH					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 3		VEHICLE 3		Driver No.		3	4					
3				X	Arbor		VEHICLE 4		VEHICLE 3		Driver No.								
4							VEHICLE 3		VEHICLE 3		Driver No.								
3	11				06 Turning left 07 Making U-turn 08 Entering traffic lane		VEHICLE 4		VEHICLE 3		Driver No.								
4					09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown		VEHICLE 4		VEHICLE 3		Driver No.								
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right					06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown					1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown					1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				

river No.

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**4**

inspected

ted

5	SEX
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[illegible]

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[illegible]

**Complete this section for all injured persons**

**DATE OF BIRTH**  
(MM / DD / YYYY)

1	2	3	4	5	SEX M F
Seat Position	Eject	Body Region	Injury Sev.	Trans.	

VEH. #	NAME		ADDRESS				Position	Region	Sev.		
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME		ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME		ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					



# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-092809

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1640		TROOP/ TEAM/ BEAT 4		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Wendy Fisher			INVESTIGATOR SIGNATURE Approved by Officer Wendy Fisher		DATE OF REPORT 10/06/2015



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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 5 of 5

LOCAL NO./DISTRICT <b>119</b>		DATE OF ACCIDENT <b>10/05/2015</b>		COUNTY <b>Lancaster</b>		CITY <b>Lincoln</b>		STATE USE ONLY			
AGENCY CASE NO. <b>B5-092809</b>		OCCURRED ON HIGHWAY/ROAD/STREET <b>Arbor Road/70-56</b>									
<b>TRUCK / BUS - 1</b>											
DRIVER (Print or type full name) <b>JEREMY J EBELER</b>					CARRIER IDENTIFICATION <b>1 U.S. DOT 553276</b>			1 ICC MC			
CARRIER NAME (Print or type full name) <b>Brandt Excavating Company</b>					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs.						
CARRIER ADDRESS (Street or R.F.D.) <b>1900 Center Park, Lincoln, NE 68512</b>					CITY, STATE, ZIP						
TRAILER LICENSE PLATE <b>No. XKF213</b>		Year <b>2016</b>		State <b>NE</b>		VEHICLE CONFIGURATION (Check one)			CARGO BODY TYPE (Check one)		
COMMERCE CLASSIFICATION (Check one) <b>1</b> <input type="checkbox"/> Interstate Commerce <b>2</b> <input checked="" type="checkbox"/> Intrastate Commerce <b>3</b> <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) <b>1</b> <input type="checkbox"/> 96 inches <b>2</b> <input checked="" type="checkbox"/> 102 inches <b>3</b> <input type="checkbox"/> Other (Specify)		DRIVER'S LICENSE CLASS CODE <b>A</b> <input checked="" type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/>		<b>2</b> <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) <b>3</b> <input checked="" type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) <b>4</b> <input type="checkbox"/> Truck Tractor (bobtail) <b>5</b> <input type="checkbox"/> Truck with Trailer <b>6</b> <input type="checkbox"/> Tractor with Semi-Trailer <b>7</b> <input type="checkbox"/> Tractor with Doubles <b>8</b> <input type="checkbox"/> Tractor with Triples <b>9</b> <input type="checkbox"/> Unknown Heavy Truck <b>37</b> <input type="checkbox"/> Bus (seats 9-15, including driver) <b>38</b> <input type="checkbox"/> Bus (seats 15+, including driver) <b>39</b> <input type="checkbox"/> Haz Mat Passenger Car <b>40</b> <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)			<b>1</b> <input type="checkbox"/> Bus (seats 9-15, including driver) <b>2</b> <input type="checkbox"/> Bus (seats 15+, including driver) <b>3</b> <input type="checkbox"/> Van/Enclosed Box <b>4</b> <input type="checkbox"/> Grain/Chips/Gravel <b>5</b> <input type="checkbox"/> Pole <b>6</b> <input type="checkbox"/> Cargo Tank <b>7</b> <input checked="" type="checkbox"/> Flatbed <b>8</b> <input type="checkbox"/> Dump <b>9</b> <input type="checkbox"/> Concrete Mixer <b>10</b> <input type="checkbox"/> Auto Transporter <b>11</b> <input type="checkbox"/> Garbage/ Refuse <b>12</b> <input type="checkbox"/> Other (Specify) <b>13</b> <input type="checkbox"/> Unknown		
HAZARDOUS MATERIAL INVOLVED					BUS USE						
Did vehicle have a Haz Mat Placard? <b>1</b> <input type="checkbox"/> Yes <b>2</b> <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) <b>1</b> <input type="checkbox"/> Yes <b>2</b> <input checked="" type="checkbox"/> No		<b>1</b> <input checked="" type="checkbox"/> Not a Bus <b>2</b> <input type="checkbox"/> Transit Bus <b>3</b> <input type="checkbox"/> Charter Bus <b>4</b> <input type="checkbox"/> School Bus <b>5</b> <input type="checkbox"/> Intercity Bus <b>6</b> <input type="checkbox"/> Not Reported <b>7</b> <input type="checkbox"/> Other					
<b>TRUCK / BUS - 2</b>											
DRIVER (Print or type full name)					CARRIER IDENTIFICATION <b>1 U.S. DOT</b>			1 ICC MC			
CARRIER NAME (Print or type full name)					GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.						
CARRIER ADDRESS (Street or R.F.D.)					CITY, STATE, ZIP						
TRAILER LICENSE PLATE <b>No.</b>		Year		State		VEHICLE CONFIGURATION (Check one)			CARGO BODY TYPE (Check one)		
COMMERCE CLASSIFICATION (Check one) <b>1</b> <input type="checkbox"/> Interstate Commerce <b>2</b> <input type="checkbox"/> Intrastate Commerce <b>3</b> <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) <b>1</b> <input type="checkbox"/> 96 inches <b>2</b> <input type="checkbox"/> 102 inches <b>3</b> <input type="checkbox"/> Other (Specify)		DRIVER'S LICENSE CLASS CODE <b>A</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>O</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/>		<b>2</b> <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) <b>3</b> <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) <b>4</b> <input type="checkbox"/> Truck Tractor (bobtail) <b>5</b> <input type="checkbox"/> Truck with Trailer <b>6</b> <input type="checkbox"/> Tractor with Semi-Trailer <b>7</b> <input type="checkbox"/> Tractor with Doubles <b>8</b> <input type="checkbox"/> Tractor with Triples <b>9</b> <input type="checkbox"/> Unknown Heavy Truck <b>37</b> <input type="checkbox"/> Bus (seats 9-15, including driver) <b>38</b> <input type="checkbox"/> Bus (seats 15+, including driver) <b>39</b> <input type="checkbox"/> Haz Mat Passenger Car <b>40</b> <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)			<b>1</b> <input type="checkbox"/> Bus (seats 9-15, including driver) <b>2</b> <input type="checkbox"/> Bus (seats 15+, including driver) <b>3</b> <input type="checkbox"/> Van/Enclosed Box <b>4</b> <input type="checkbox"/> Grain/Chips/Gravel <b>5</b> <input type="checkbox"/> Pole <b>6</b> <input type="checkbox"/> Cargo Tank <b>7</b> <input type="checkbox"/> Flatbed <b>8</b> <input type="checkbox"/> Dump <b>9</b> <input type="checkbox"/> Concrete Mixer <b>10</b> <input type="checkbox"/> Auto Transporter <b>11</b> <input type="checkbox"/> Garbage/ Refuse <b>12</b> <input type="checkbox"/> Other (Specify) <b>13</b> <input type="checkbox"/> Unknown		
HAZARDOUS MATERIAL INVOLVED					BUS USE						
Did vehicle have a Haz Mat Placard? <b>1</b> <input type="checkbox"/> Yes <b>2</b> <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) <b>1</b> <input type="checkbox"/> Yes <b>2</b> <input type="checkbox"/> No		<b>1</b> <input type="checkbox"/> Not a Bus <b>2</b> <input type="checkbox"/> Transit Bus <b>3</b> <input type="checkbox"/> Charter Bus <b>4</b> <input type="checkbox"/> School Bus <b>5</b> <input type="checkbox"/> Intercity Bus <b>6</b> <input type="checkbox"/> Not Reported <b>7</b> <input type="checkbox"/> Other					
INVESTIGATOR NAME (Print or type) <b>Wendy Fisher</b>					INVESTIGATOR SIGNATURE <b>Approved by Officer Wendy Fisher</b>			DEPARTMENT <b>Lincoln Police Department</b>		OFFICER NO. <b>1640</b>	DATE OF REPORT <b>10/06/2015</b>